E. Sandania	Debtor	Creditor	Filing Date	Filing Type	Filing Location	View Full-Text
37.	KOHLL'S PHARMACY & HOMECARE, INC.	U.S. BANK NATIONAL ASSOCIATIO N	02/21/2001	TERMINATI ON	NE	Full-Text
38.	KOHLL'S PHARMACY & HOMECARE, INC.	U.S. BANK NATIONAL ASSOCIATIO N	08/25/2000	AMENDMEN T	NE	Full-Text
39.	KOHLL'S PHARMACY & HOMECARE, INC	VGM FINANCIAL SERVICES	02/10/2000	ORIGINAL	NE	Full-Text
40.	KOHLL'S PHARMACY & HOMECARE, INC	VGM FINANCIAL SERVICES	02/10/2000	ORIGINAL	NE	Full-Text
41.	KOHLL'S PHARMACY & HOMECARE, INC	VGM LEASING, INC.	01/03/2000	ORIGINAL	NE	Full-Text
42.	KOHLL'S PHARMACY AND HOMECARE, INC.	U.S. BANK NATIONAL ASSOCIATIO N	11/05/1999	ORIGINAL	NE	Full-Text

$Liens \ \& \ Judgments \ Summary (\hbox{2 Records})$

	Debtor	Creditor	Amount	Filing Type	Filing Location	View Full-Text
1.	KOHLLS PHARMACY	CENTRAL WASTE SYSTEM	\$1,561.00	SMALL CLAIMS JUDGMENT RELEASE	DOUGLAS COUNTY, NE	Full-Text
2.	KOHLLS PHARMACY	CENTRAL WASTE SYSTEM	\$1,561.00	SMALL CLAIMS JUDGMENT	DOUGLAS COUNTY, NE	Full-Text

Federal Case Law(2 Records)

	Case Title	Westlaw Case Number	Filing Date	Court	Company Interest
1.	Amerisourceb ergen Drug Corp. v. Kohll's Pharmacy and Homecare, Inc.	2010 WL 3768371	09/24/2010	E.D.Pa.	Defendant
2.	Caride v. Kohll	2005 WL 1860295	08/03/2005	W.D.Okla.	Defendants

State Case Law(4 Records)

	Case Title	Westlaw Case Number	Filing Date	Court	Company Interest
1.	Ballard RN Center, Inc. v. Kohll's Pharmacy and Homecare, Inc.	2015 WL 6387653	10/22/2015	III.	Appellee
2.	Ballard RN Center, Inc. v. Kohll's Pharmacy and Homecare, Inc.	2015 WL 423654	01/28/2015	III.	-
3.	Ballard RN Center, Inc. v. Kohll's Pharmacy and Homecare, Inc.	2014 WL 5794548	11/06/2014	III.App. 1 Dist.	Defendant?Ap pellant
4.	Ballard RN Center, Inc. v. Kohll's Pharmacy and Homecare, Inc.	2014 WL 4929452	09/30/2014	III.App. 1 Dist.	Defendant?Ap pellant

Docket Records(3 Records)

	Docket Title	Docket Number	Filing Date	Court	Nature of Suit	Company Interest
1.	AMERISOUR CEBERGEN DRUG CORPORATI ON v. KOHLL'S PHARMACY AND HOMECARE, INC.	2:09-CV-0116 6	03/17/2009	E.D.PA.	CONTRACT: OTHER CONTRACT (190),CONTR ACTS,OTHE R CONTRACT	Counter Claimant
2.	CARIDE ET AL v. KOHLL ET AL	5:04-CV-0136 7	10/20/2004	W.D.OKLA.	TORTS: OTHER PERSONAL PROPERTY DAMAGE (380),TORTS/ NEGLIGENC E,PERSONAL PROPERTY,O THER PERSONAL PROPERTY DAMAGE	Defendant
3.	MEDICAL CENTER PHARM, ET AL v. ASHCROFT, ET AL	7:04-CV-0013 0	09/27/2004	W.D.TEX.	OTHER STATUTES: OTHER STATUTORY ACTIONS (890),OTHER FEDERAL STATUTES,O THER FEDERAL STATUTORY ACTIONS	Amicus

UCC Filings(42 Records)

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98158780931	Full Filing Number:	9815878093-1
Filing Date:	11/6/2015	Expiration Date:	11/06/2020
Filing Time:	1:50PM	Film Number:	
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	_	Volume Number:	A MARINE CONTROL OF THE PROPERTY OF THE PROPER

Filing Method:	-	Filing Action:	
Filing Type:	ORIGINAL	Filing Status:	
Filing Termination:		Reference Code:	
Filing Date of Cross	•	Cross Reference Filing	•
Reference Filing:		Number:	
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF	Filing Office Location:	1301 STATE CAPITOL
	STATE/UCC DIVISION		LINCOLN, NE 68509

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q ST OMAHA, NE 68137
Debtor Foreign City:	•	Debtor Country:	-
Debtor FEIN:	•	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		
DIING.	Si con		

Secured Party or Creditor Information

Secured Party Name:	PHILIPS MEDICAL CAPITAL, LLC	Secured Party Address:	1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087
Secured Party Foreign City:	-	Secured Party Country:	•
Secured Party FEIN:	•	Secured Party Business DUNS:	13-434-5268
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	•	Full Original Filing Number:	
Filing Number:	98158739871	Full Filing Number:	9815873987-1
Filing Date:	10/16/2015	Expiration Date:	12/10/2020
Filing Time:	4:47PM	Film Number:	
Total Number of Filing Pages:	-	Page Count:	
Page Number:	•	Volume Number:	
Filing Method:	_	Filing Action:	
Filing Type:	CONTINUATION	Filing Status:	
Filing Termination:	-	Reference Code:	
Filing Date of Cross Reference Filing:	12/10/2010	Cross Reference Filing Number:	9810544451-8
Contract Type:	•	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

	22-22		
Debtor Name:	KOHLL'S PHARMACY &	Debtor Address:	12741 Q STREET
		A STATE OF THE PARTY OF THE PAR	Francisco Control Cont

	HOMECARE, INC.		OMAHA, NE 68137
Debtor Foreign City:	_	Debtor Country:	
Debtor FEIN:		Debtor Business DUN:	
Debtor Headquarters	-		
DUNS:	HALAAAAAA	The second secon	

Secured Party Name:	GREAT WESTERN BANK	Secured Party Address:	14545 WEST CENTER ROAD OMAHA, NE 68144
Secured Party Foreign City:	-	Secured Party Country:	•
Secured Party FEIN:	-	Secured Party Business DUNS:	13-666-6869
Secured Party Headquarters DUNS:	00-697-0123		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	
Filing Number:	98147836557	Full Filing Number:	9814783655-7
Filing Date:	6/4/2014	Expiration Date:	06/04/2019
Filing Time:	8:30PM	Film Number:	
Total Number of Filing Pages:	-	Page Count:	
Page Number:	•	Volume Number:	
Filing Method:	•	Filing Action:	
Filing Type:	ORIGINAL	Filing Status:	
Filing Termination:	•	Reference Code:	
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12757 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	
Debtor FEIN:		Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		
DUNS:			

Secured Party Name:	CARDINAL HEALTH	Secured Larry 11441	7000 CARDINAL PLACE DUBLIN, OH 43017
Secured Party Foreign		Secured Party Country:	
City:			

Secured Party FEIN:		Secured Party Business	09-753-7435	
, -	100 Marie 100 Ma	DUNS:	A STATE OF THE STA	
Secured Party	•	#AAAAAA TIRAA MARAA MARA		
Headquarters DUNS:	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	occupants of the second of the		

Original Filing Number:	-	Full Original Filing Number:	
Filing Number:	99137198111	Full Filing Number:	9913719811-1
Filing Date:	7/26/2013	Expiration Date:	07/26/2018
Filing Time:	2:49PM	Film Number:	
Total Number of Filing Pages:	-	Page Count:	water control of the
Page Number:		Volume Number:	Andrew Market and the second s
Filing Method:	-	Filing Action:	Approximation and the second and the
Filing Type:	ORIGINAL	Filing Status:	THE RESERVE OF THE PROPERTY OF
Filing Termination:		Reference Code:	
Filing Date of Cross Reference Filing:	•	Cross Reference Filing Number:	
Contract Type:	The state of the s	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Dentor Informatio	711		
Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q ST OMAHA, NE 68137
Debtor Foreign City:	William Control of the Control of th	Debtor Country:	
Debtor FEIN:		Debtor Business DUN:	06-866-1719
Debtor Headquarters	-	The second secon	
DUNS:	2 - NOVERNAMENTO DE PROPRESE DE LA CONTRACTION D	To the state of th	

Secured Party or Creditor Information

Secured Party Name:	PHILIPS MEDICAL CAPITAL, LLC.	Secured Party Address:	1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087
Secured Party Foreign City:		Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	13-434-5268
Secured Party Headquarters DUNS:	-		

I ming imiter in the second		A CONTRACTOR OF THE PROPERTY O	
Original Filing Number:	-	Full Original Filing	-
Oliginar 2 miles		Number:	
Filing Number:	99137101930	Full Filing Number:	9913710193-0
Filing Date:	3/7/2013	Expiration Date:	03/07/2018

Filing Time:	2:06PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	
Filing Method:	_	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	W	Reference Code:	-
Filing Date of Cross Reference Filing:	•	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q ST OMAHA, NE 68137
Debtor Foreign City:	_	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-	The state of the s	THE PROPERTY OF THE PROPERTY O
DUNS:		ALL CONTROL OF THE CO	

Secured Party or Creditor Information

Secured Party Name:	PHILIPS MEDICAL	Secured Party Address:	1111 OLD EAGLE
	CAPITAL, LLC		SCHOOL ROAD
			WAYNE, PA 19087
Secured Party Foreign	-	Secured Party Country:	-
City:		7	
Secured Party FEIN:	-	Secured Party Business	13-434-5268
		DUNS:	
Secured Party	-		
Headquarters DUNS:			

		***************************************	3
Original Filing Number:	-	Full Original Filing	annual Artista
		Number:	
Filing Number:	99126838382	Full Filing Number:	9912683838-2
Filing Date:	2/1/2012	Expiration Date:	02/01/2017
Filing Time:	8:30PM	Film Number:	-
Total Number of Filing	•	Page Count:	-
Pages:			
Page Number:		Volume Number:	-
Filing Method:	•	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	•	Reference Code:	-
Filing Date of Cross	-	Cross Reference Filing	-
Reference Filing:	100 (M. M. M	Number:	700 L. J. W. W. L.
Contract Type:		Filing State:	NE
Filing Office:	SECRETARY OF	Filing Office Location:	1301 STATE CAPITOL
	STATE/UCC DIVISION		LINCOLN, NE 68509

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q ST OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-	World Annual Ann	
DUNS:		The state of the s	

Secured Party or Creditor Information

Secured Party Name:	PHILIPS MEDICAL CAPITAL, LLC.	Secured Party Address:	1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087
Secured Party Foreign City:	-	Secured Party Country:	
Secured Party FEIN:	•	Secured Party Business DUNS:	13-434-5268
Secured Party Headquarters DUNS:			

Filing Information

Original Filing Number:	-	Full Original Filing Number:	
Filing Number:	98105444518	Full Filing Number:	9810544451-8
Filing Date:	12/10/2010	Expiration Date:	12/10/2015
Filing Time:	12:48PM	Film Number:	
Total Number of Filing Pages:	-	Page Count:	
Page Number:		Volume Number:	
Filing Method:	•	Filing Action:	
Filing Type:	ORIGINAL	Filing Status:	
Filing Termination:	-	Reference Code:	
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters	•		
DUNS:	A COMMAND		

Secured Party Name:	ł.	Secured Party Address:	14545 WEST CENTER
VANDALIAN NAVY V. TIII. TOO OO	BANK	A CONTRACTOR OF THE PROPERTY O	ROAD

		A CONTRACTOR OF THE CONTRACTOR	OMAHA, NE 68144
Secured Party Foreign		Secured Party Country:	-
City:			
Secured Party FEIN:	-	Secured Party Business	-
•		DUNS:	
Secured Party	•	Open min account of the second	
Headquarters DUNS:			

Original Filing Number:	•	Full Original Filing Number:	
Filing Number:	98084292331	Full Filing Number:	9808429233-1
Filing Date:	12/2/2008	Expiration Date:	
Filing Time:	2:13PM	Film Number:	A A ANTONIO DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COMPANS
Total Number of Filing Pages:	•	Page Count:	
Page Number:	-	Volume Number:	
Filing Method:	-	Filing Action:	
Filing Type:	TERMINATION	Filing Status:	
Filing Termination:	-	Reference Code:	
Filing Date of Cross Reference Filing:	01/02/2003	Cross Reference Filing Number:	9903251184-4
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q. STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	
Debtor FEIN:		Debtor Business DUN:	06-866-1719
Debtor Headquarters	•	The state of the s	
DUNS:			

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	3427 SOUTH 84TH STREET OMAHA, NE 68127
Debtor Foreign City:		Debtor Country:	
Debtor FEIN:		Debtor Business DUN:	11-869-0221
Debtor Headquarters	06-866-1719	900.00.00.00.00.00.00.00.00.00.00.00.00.	
DUNS:	MANUFACTURE CONTROL OF THE CONTROL O		

Secured Party Name:	AGFA CORP.	Secured Party Address:	200 BALLARDVALE
min pro NCOV	MOON TO THE TOTAL THE TOTA		STREET
The state of the s	n		WILMINGTON, MA
Scalar International Control of C			01887
Secured Party Foreign	- ALLIE OF CONTROL OF THE PROPERTY OF THE PROP	Secured Party Country:	The state of the s
City:		TO COMMISSION AND AND AND AND AND AND AND AND AND AN	Water and Additional Communication and Additional Communication and Communication an

Secured Party FEIN:	•	Secured Party Business	83-546-3910
		DUNS:	777777777
Secured Party	04-797-0459		- Control of Table 11 and 12 a
Headquarters DUNS:			

Secured Party Name:	AGFAPHOTO USA CORPORATION	Secured Party Address:	100 CHALLENGER ROAD RIDGEFIELD PARK, NJ 07660
Secured Party Foreign City:	-	Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	04-797-0459
Secured Party	-	7 Y 2000 A 100 A 1	MAN di Branco e e e e e e e e e e e e e e e e e e e
Headquarters DUNS:		Wilson	

Secured Party Name:	LEAF FINANCIAL CORPORATION	Secured Party Address:	1818 MARKET STREET 9TH FLOOR PHILADELPHIA, PA 19103
Secured Party Foreign City:	-	Secured Party Country:	The state of the s
Secured Party FEIN:	-	Secured Party Business DUNS:	18-865-3042
Secured Party		MMONTH INTO THE PROPERTY OF TH	

Headquarters DUNS:		and the state of t	
Secured Party Name:	LEAF FUNDING INC.	Secured Party Address:	1818 MARKET STREET 9TH FLOOR

		Carlot and the Links of Carlot and Carlot an	PHILADELPHIA, PA 19103
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Dants	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	and the second s

Headquarters DUNS:

Original Filing Number:		Full Original Filing Number:	-
Filing Number:	98084289699	Full Filing Number:	9808428969-9
Filing Date:	12/1/2008	Expiration Date:	•
Filing Time:	2:53PM	Film Number:	-
Total Number of Filing Pages:	•	Page Count:	-
Page Number:	•	Volume Number:	
Filing Method:	•	Filing Action:	
Filing Type:	TERMINATION	Filing Status:	
Filing Termination:	-	Reference Code:	Program (Management of the Control o
Filing Date of Cross Reference Filing:	04/06/2004	Cross Reference Filing Number:	9904326881-4

Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF	Filing Office Location:	1301 STATE CAPITOL
	STATE/UCC DIVISION		LINCOLN, NE 68509

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 "Q" ST. OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	•	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		The state of the s
DUNS:	NAMANA NAMAN		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	PO BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	- 1000 March 1980 Marc		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98084290197	Full Filing Number:	9808429019-7
Filing Date:	12/1/2008	Expiration Date:	-
Filing Time:	4:16PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:		Volume Number:	-
Filing Method:		Filing Action:	-
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:		Reference Code:	_
Filing Date of Cross Reference Filing:	12/11/2003	Cross Reference Filing Number:	9903307868-1
Contract Type:		Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 "Q" ST. OMAHA, NE 68137
Debtor Foreign City:	_	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		
DUNS:	Version	disk everyth.	

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	PO BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99075192669	Full Filing Number:	9907519266-9
Filing Date:	7/31/2007	Expiration Date:	11/12/2012
Filing Time:	9:01PM	Film Number:	ом на при
Total Number of Filing Pages:	-	Page Count:	-
Page Number:		Volume Number:	- (X.1800)
Filing Method:		Filing Action:	
Filing Type:	CONTINUATION	Filing Status:	
Filing Termination:		Reference Code:	The state of the s
Filing Date of Cross Reference Filing:	11/12/2002	Cross Reference Filing Number:	9902243608-2
Contract Type:		Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-	· Accordance of the control of the c	
DUNS:	VALL-MONOR	A. S.	

Secured Party Name:	INVACARE CORPORATION	Secured Party Address:	ONE INVACARE WAY ELYRIA, OH 44035
Secured Party Foreign City:	-	Secured Party Country:	
Secured Party FEIN:	•	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	- The state of the	Note that the second se	

Secured Party Name:	INVACARE CREDIT	Secured Party Address:	ONE INVACARE WAY
	CORPORATION	The state of the s	ELYRIA, OH 44035
Secured Party Foreign	The state of the s	Secured Party Country:	- Comment of the Comm

City:			
Secured Party FEIN:	•	Secured Party Business	-
		DUNS:	
Secured Party	-		
Headquarters DUNS:			

Original Filing Number:	-	Full Original Filing Number:	
Filing Number:	99075176261	Full Filing Number:	9907517626-1
Filing Date:	7/17/2007	Expiration Date:	01/02/2013
Filing Time:	2:14PM	Film Number:	
Total Number of Filing Pages:	•	Page Count:	-
Page Number:	•	Volume Number:	
Filing Method:		Filing Action:	
Filing Type:	CONTINUATION	Filing Status:	
Filing Termination:	•	Reference Code:	
Filing Date of Cross Reference Filing:	01/02/2003	Cross Reference Filing Number:	9903251184-4
Contract Type:		Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q. STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	•	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		
DUNS:	POOMMAN WE		

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	3427 SOUTH 84TH STREET OMAHA, NE 68127
Debtor Foreign City:	**************************************	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	11-869-0221
Debtor Headquarters	06-866-1719		

Secured Party Name:	AGFA CORP.	Secured Party Address:	200 BALLARDVALE STREET WILMINGTON, MA 01887
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	83-546-3910

Secured Party	•
Headquarters DUNS:	CONTROL CONTRO

Secured Party Name:	AGFAPHOTO USA CORPORATION	Secured Party Address:	100 CHALLENGER ROAD RIDGEFIELD PARK, NJ 07660
Secured Party Foreign City:	-	Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	04-797-0459
Secured Party Headquarters DUNS:	-		

Secured Party Name:	LEAF FINANCIAL CORPORATION	Secured Party Address:	1818 MARKET STREET 9TH FLOOR PHILADELPHIA, PA 19103
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	18-865-3042
Secured Party Headquarters DUNS:	-		

Secured Party Name:	LEAF FUNDING INC.	Secured Party Address:	1818 MARKET STREET 9TH FLOOR PHILADELPHIA, PA 19103
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	•	Secured Party Business DUNS:	78-504-1059
Secured Party Headquarters DUNS:	-		

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99064325140	Full Filing Number:	9906432514-0
Filing Date:	1/13/2006	Expiration Date:	01/02/2008
Filing Time:	4:45PM	Film Number:	•
Total Number of Filing Pages:	-	Page Count:	-
Page Number:		Volume Number:	-
Filing Method:	-	Filing Action:	
Filing Type:	AMENDMENT	Filing Status:	
Filing Termination:	-	Reference Code:	-
Filing Date of Cross	01/02/2003	Cross Reference Filing	9903251184-4
Reference Filing:		Number:	
Contract Type:		Filing State:	NE
Filing Office:	SECRETARY OF	Filing Office Location:	1301 STATE CAPITOL

STATE/UCC DIVISION	LINCOLN, NE 68509	

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q. STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	_	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		WWW. W.
DUNS:	decommend		

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	3427 SOUTH 84TH STREET OMAHA, NE 68127
Debtor Foreign City:	_	Debtor Country:	-
Debtor FEIN:	_	Debtor Business DUN:	11-869-0221
Debtor Headquarters DUNS:	06-866-1719		ellistici (hillistici A.

Secured Party Name:	AGFA CORP.	Secured Party Address:	200 BALLARDVALE STREET WILMINGTON, MA 01887
Secured Party Foreign City:	-	Secured Party Country:	The state of the s
Secured Party FEIN:	-	Secured Party Business DUNS:	83-546-3910
Secured Party Headquarters DUNS:	-		19 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °

Secured Party Name:	AGFAPHOTO USA CORPORATION	Secured Party Address:	100 CHALLENGER
	CORPORATION	Maria	ROAD
	***************************************	-	RIDGEFIELD PARK, NJ
			07660
Secured Party Foreign	-	Secured Party Country:	-
City:			
Secured Party FEIN:	-	Secured Party Business	04-797-0459
		DUNS:	
Secured Party	-		
Headquarters DUNS:			

Secured Party Name:	LEAF FINANCIAL CORPORATION	Secured Party Address:	1818 MARKET STREET 9TH FLOOR PHILADELPHIA, PA 19103
Secured Party Foreign City:	-	Secured Party Country:	•
Secured Party FEIN:	-	Secured Party Business DUNS:	18-865-3042
Secured Party Headquarters DUNS:	-		

Secured Party Name:	LEAF FUNDING INC.	Secured Party Address:	1818 MARKET STREET
	Activation of the contract of	Arrana	Lagrange and the second

			9TH FLOOR PHILADELPHIA, PA 19103
Secured Party Foreign City:	-	Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	78-504-1059
Secured Party Headquarters DUNS:	-		

Original Filing Number:	-	Full Original Filing Number:	
Filing Number:	99054294862	Full Filing Number:	9905429486-2
Filing Date:	12/29/2005	Expiration Date:	01/02/2008
Filing Time:	3:49PM	Film Number:	
Total Number of Filing Pages:	•	Page Count:	
Page Number:	-	Volume Number:	AAAATTI AAAAATTI AAAAAAAAAAAAAAAAAAAAAA
Filing Method:	•	Filing Action:	
Filing Type:	ASSIGNMENT	Filing Status:	**************************************
Filing Termination:	-	Reference Code:	- AND
Filing Date of Cross Reference Filing:	01/02/2003	Cross Reference Filing Number:	9903251184-4
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q. STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	
Debtor FEIN:	_	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		
DUNS:	1000 M 10	William Control	

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	3427 SOUTH 84TH STREET OMAHA, NE 68127
Debtor Foreign City:		Debtor Country:	## 1
Debtor FEIN:		Debtor Business DUN:	11-869-0221
Debtor Headquarters	06-866-1719	And the second of the second o	

Secured Party Name:	AGFA CORP.	Secured Party Address:	200 BALLARDVALE
3.00			STREET
	an organization en		WILMINGTON, MA
	**************************************		01887
Secured Party Foreign		Secured Party Country:	-

(-	
City:			A 1777 MARCH 1971 MARC
Secured Party FEIN:	•	Secured Party Business	83-546-3910
	A.A. IIII	DUNS:	M. Address of the control of the con
Secured Party	-	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
Headquarters DUNS:	EAST-CONTINUE TO THE PROPERTY OF THE PROPERTY	TETTI PORTO DE LA CONTRACTOR DE LA CONTR	

Secured Party Name:	AGFAPHOTO USA CORPORATION	Secured Party Address:	100 CHALLENGER ROAD RIDGEFIELD PARK, NJ 07660
Secured Party Foreign City:		Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	04-797-0459
Secured Party Headquarters DUNS:	-		

Secured Party Name:	LEAF FINANCIAL CORPORATION	Secured Party Address:	1818 MARKET STREET 9TH FLOOR PHILADELPHIA, PA 19103
Secured Party Foreign City:	-	Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	18-865-3042
Secured Party Headquarters DUNS:	1991 - 4 director de 1884 de 1894 e 1894		

Original Filing Number:	-	Full Original Filing Number:	
Filing Number:	99054196509	Full Filing Number:	9905419650-9
Filing Date:	10/31/2005	Expiration Date:	10/31/2010
Filing Time:	9:41PM	Film Number:	
Total Number of Filing Pages:		Page Count:	
Page Number:	-	Volume Number:	
Filing Method:	-	Filing Action:	
Filing Type:	ORIGINAL	Filing Status:	
Filing Termination:	-	Reference Code:	
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	
Contract Type:	_	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Name:	KOHLL, DAVID	Debtor Address:	107 SOUTH 128TH
Deptor (tames			PLAZA
	ppe de la constante de la cons		OMAHA, NE 68154
Debtor Foreign City:		Debtor Country:	

Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		
DUNS:			

Debtor Name:	KOHLL'S PHARMACY &	Debtor Address:	12737 Q STREET
200 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HOMECARE, INC.		OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	
Debtor FEIN:	-	Debtor Business DUN:	19-497-1818
Debtor Headquarters	06-866-1719	, TOTAL ALL ALL ALL ALL ALL ALL ALL ALL ALL	
DIINS.		A second	

Secured Party Name:	BANKERS LEASING COMPANY	Secured Party Address:	10052 JUSTIN DRIVE, SUITE A URBANDALE, IA 50323
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	•		

Filing Information

Original Filing Number:	And the state of t	Full Original Filing Number:	•
Filing Number:	99053917813	Full Filing Number:	9905391781-3
Filing Date:	4/26/2005	Expiration Date:	01/02/2008
Filing Time:	11:02PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	•	Filing Action:	•
Filing Type:	ASSIGNMENT	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	01/02/2003	Cross Reference Filing Number:	9903251184-4
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q. STREET OMAHA, NE 68137
	HOWECAKE, INC.		OWATIA, NE 00137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-	OLONO PRINCIPAL	
DUNS:	A A A STATE OF CONTROL	TP-monocolampie	

Debtor Name:	KOHLL'S PHARMACY &	Debtor Address:	3427 SOUTH 84TH	
	HOMECARE, INC.	ALL AND ALL AN	STREET	

774		The state of the s	OMAHA, NE 68127
Debtor Foreign City:	-	Debtor Country:	
Debtor FEIN:	-	Debtor Business DUN:	11-869-0221
Debtor Headquarters	06-866-1719		
DUNS:			

Secured Party Name:	AGFA CORP.	Secured Party Address:	200 BALLARDVALE STREET WILMINGTON, MA 01887
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	•	Secured Party Business DUNS:	83-546-3910
Secured Party Headquarters DUNS:	-		

Secured Party Name:	AGFAPHOTO USA CORPORATION	Secured Party Address:	100 CHALLENGER ROAD RIDGEFIELD PARK, NJ 07660
Secured Party Foreign City:	•	Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	04-797-0459
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99043268814	Full Filing Number:	9904326881-4
Filing Date:	4/6/2004	Expiration Date:	04/06/2009
Filing Time:	10:33PM	Film Number:	
Total Number of Filing Pages:	•	Page Count:	
Page Number:	-	Volume Number:	NOTES CONTROL OF THE STREET OF
Filing Method:	-	Filing Action:	
Filing Type:	ORIGINAL	Filing Status:	
Filing Termination:		Reference Code:	
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Name:	KOHLL'S PHARMACY &	Debtor Address:	12741 "Q" ST.
	HOMECARE, INC.	A. A	OMAHA, NE 68137

Debtor Foreign City:	_	Debtor Country:	-
Debtor FEIN:	_	Debtor Business DUN:	06-866-1719
Debtor Headquarters	•		
DUNS:	AAAAA		

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	PO BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	And Colonia Co
Secured Party FEIN:		Secured Party Business DUNS:	55-660-5806
Secured Party	-		COLUMN COMMISSION OF SECURITION OF SECURITIO
Headquarters DUNS:	fi		

Filing Information

Original Filing Number:	•	Full Original Filing Number:	-
Filing Number:	99043129149	Full Filing Number:	9904312914-9
Filing Date:	1/15/2004	Expiration Date:	01/15/2009
Filing Time:	2:57PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	_	Reference Code:	_
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	•
Contract Type:	_	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY &	Debtor Address:	12741 Q STREET
	HOMECARE, INC.		OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	_
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		
DUNS:			

Secured Party Name:	IFC CREDIT	Secured Party Address:	8700 WAUKEGAN
77 000	CORPORATION		ROAD, SUITE 100
			MORTON GROVE, IL
Machining & Army Screen Services and All Machining Services and All Machini	MALOU Filato (Abide) A A augustin	A 100 A	60053
Secured Party Foreign	•	Secured Party Country:	-
City:			

Secured Party FEIN:	-	Secured Party Business	60-688-8873
MMM M M M M M M M M M M M M M M M M M		DUNS:	W. W. M.
Secured Party	-		
Headquarters DUNS:			

Original Filing Number:		Full Original Filing Number:	-
Filing Number:	99033078681	Full Filing Number:	9903307868-1
Filing Date:	12/11/2003	Expiration Date:	12/11/2008
Filing Time:	10:15PM	Film Number:	-
Total Number of Filing Pages:	•	Page Count:	•
Page Number:		Volume Number:	-
Filing Method:	_	Filing Action:	
Filing Type:	ORIGINAL	Filing Status:	_
Filing Termination:	-	Reference Code:	•
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 "Q" ST. OMAHA, NE 68137
Debtor Foreign City:	•	Debtor Country:	_
Debtor FEIN:	•	Debtor Business DUN:	06-866-1719
Debtor Headquarters			
DUNS:	1000		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	PO BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	-		

Original Filing Number:	-	Full Original Filing	-
Filing Number:	98031766383	Number: Full Filing Number:	9803176638-3
Filing Date:	10/17/2003	Expiration Date:	
Filing Time:	10:49PM	Film Number:	

Total Number of Filing	•	Page Count:	-
Pages: Page Number:	300 and 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	Volume Number:	
Filing Method:		Filing Action:	
Filing Type:	TERMINATION	Filing Status:	
Filing Termination:		Reference Code:	
Filing Date of Cross Reference Filing:	01/03/2000	Cross Reference Filing Number:	9900006291
Contract Type:	A A STATE OF THE PARTY OF THE P	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Name:	KOHLLS PHARMACY & HOMECARE INC.	Debtor Address:	12741 Q. ST MILLARD, NE 68187
Debtor Foreign City:		Debtor Country:	- AND THE RESIDENCE OF
Debtor FEIN:		Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		
DING.	occupied	A	

Secured Party or Creditor Information

Secured Party Name:	VGM LEASING INC.	Secured Party Address:	P.O. BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:		Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	- Company of the Comp		

Original Filing Number:	-	Full Original Filing Number:	
Filing Number:	98031766422	Full Filing Number:	9803176642-2
Filing Date:	10/17/2003	Expiration Date:	
Filing Time:	10:53PM	Film Number:	
Total Number of Filing Pages:	Table of the state	Page Count:	-
Page Number:		Volume Number:	And the second s
Filing Method:	-	Filing Action:	
Filing Type:	TERMINATION	Filing Status:	**************************************
Filing Termination:	•	Reference Code:	
Filing Date of Cross Reference Filing:	06/23/2000	Cross Reference Filing Number:	9900065265
Contract Type:	- 100 Part 100 Part	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Name:	KOHLLS PHARMACY &	Debtor Address:	12741 Q STREET
	HOMECARE, INC.		OMAHA, NE 68137
Debtor Foreign City:		Debtor Country:	
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		
DUNS:	VORFETTTOOOM		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	PO BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	-	NATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINI	

Filing Information

Original Filing Number:	•	Full Original Filing Number:	-
Filing Number:	98031766408	Full Filing Number:	9803176640-8
Filing Date:	10/17/2003	Expiration Date:	-
Filing Time:	10:50PM	Film Number:	
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	
Filing Method:	•	Filing Action:	S. A. J. S.
Filing Type:	TERMINATION	Filing Status:	
Filing Termination:	-	Reference Code:	
Filing Date of Cross Reference Filing:	02/10/2000	Cross Reference Filing Number:	9900023774
Contract Type:	•	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLLS PHARMACY &	Debtor Address:	12741 Q ST.
	HOMECARE, INC.		MILLARD, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:		Debtor Business DUN:	06-866-1719
Debtor Headquarters	•	arrenovaardi.	
DUNS:	AND THE PROPERTY OF THE PROPER		

Secured Party Name:	VGM FINANCIAL	Secured Party Address:	P.O. BOX 1620
-	SERVICES		WATERLOO, IA 50704
Secured Party Foreign	-	Secured Party Country:	•

City:			
Secured Party FEIN:	-	Secured Party Business	55-660-5806
· ·	A CONTRACTOR OF THE CONTRACTOR	DUNS:	TO THE RESIDENCE AND A SECURITY OF THE RESIDENCE AND A SECURIT
Secured Party		(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Headquarters DUNS:			

Original Filing Number:	-	Full Original Filing Number:	
Filing Number:	98031766410	Full Filing Number:	9803176641-0
Filing Date:	10/17/2003	Expiration Date:	
Filing Time:	10:52PM	Film Number:	
Total Number of Filing Pages:	-	Page Count:	-
Page Number:		Volume Number:	
Filing Method:		Filing Action:	
Filing Type:	TERMINATION	Filing Status:	
Filing Termination:	-	Reference Code:	
Filing Date of Cross Reference Filing:	02/10/2000	Cross Reference Filing Number:	9900023787
Contract Type:		Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

DON'TO LEAD TO SERVICE			
Debtor Name:	KOHLLS PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET MILLARD, NE 68137
Debtor Foreign City:	The state of the s	Debtor Country:	
Debtor FEIN:		Debtor Business DUN:	06-866-1719
Debtor Headquarters	•		
DUNS:			

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	P.O. BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	•	Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party			
Headquarters DUNS:			

Original Filing Number:	•	Full Original Filing	-
		Number:	
Filing Number:	98031766446	Full Filing Number:	9803176644-6
Filing Date:	10/17/2003	Expiration Date:	

Filing Time:	10:55PM	Film Number:	-
Total Number of Filing Pages:	•	Page Count:	-
Page Number:	-	Volume Number:	**************************************
Filing Method:	-	Filing Action:	
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	07/01/2002	Cross Reference Filing Number:	9902224162-3
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 "Q" STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	•	Debtor Business DUN:	06-866-1719
Debtor Headquarters	- NAME 1		-
DUNS:	*		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	P.O. BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	-		MALANA, m., p. common, p. proposatery, pages (William), (Milliam), (Milliam), (Milliam), (Milliam), (Milliam),

Original Filing Number:	-	Full Original Filing Number:	•
Filing Number:	98031766573	Full Filing Number:	9803176657-3
Filing Date:	10/17/2003	Expiration Date:	-
Filing Time:	11:33PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	•	Volume Number:	_
Filing Method:	-	Filing Action:	•
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:	-	Reference Code:	_
Filing Date of Cross Reference Filing:	02/22/2002	Cross Reference Filing Number:	9902197249-3
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Name:	KOHLL'S PHARMACY &	Debtor Address:	12741 Q STREET
	HOMECARE, INC.		OMAHA, NE 68137
Debtor Foreign City:	•	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		A CONTRACTOR OF THE PROPERTY O
DUNS:		Andread American	

Secured Party or Creditor Information

Secured Party Name:	THE HARVARD DRUG GROUP, LLC	Secured Party Address:	31778 ENTERPRISE DRIVE LIVONIA, MI
Secured Party Foreign City:	•	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	19-142-7277
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99032940778	Full Filing Number:	9903294077-8
Filing Date:	9/10/2003	Expiration Date:	-
Filing Time:	11:50PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	_	Volume Number:	-
Filing Method:		Filing Action:	-
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	07/22/2002	Cross Reference Filing Number:	9902227465-8
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q ST OMAHA, NE 68137
Debtor Foreign City:		Debtor Country:	_
Debtor FEIN:	_	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		
DUNS:		MATERIAL ALL	

Secured Party Name:	U.S. BANK N.A.	Secured Party Address:	400 CITY CENTER	
			OSHKOSH, WI 54901	

Secured Party Foreign	-	Secured Party Country:	-
City:			\$ margin (1984)
Secured Party FEIN:	•	Secured Party Business	-
•		DUNS:	
Secured Party	•		
Headquarters DUNS:			

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98031722367	Full Filing Number:	9803172236-7
Filing Date:	8/22/2003	Expiration Date:	08/22/2008
Filing Time:	4:51PM	Film Number:	
Total Number of Filing Pages:	•	Page Count:	-
Page Number:	-	Volume Number:	
Filing Method:	_	Filing Action:	
Filing Type:	ORIGINAL	Filing Status:	
Filing Termination:	-	Reference Code:	
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	
Contract Type:	•	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY &	Debtor Address:	12741 Q ST
	HOMECARE, INC.		OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	
Debtor FEIN:	-	Debtor Business DUN:	
Debtor Headquarters	-	ACCEPTANCE OF THE PROPERTY OF	
DINS.	0.000,000	and discount	

Secured Party or Creditor Information

Secured Party Name:	GREAT WESTERN BANK	Secured Party Address:	6015 N.W. RADIAL HWY., P.O. BOX 4070 OMAHA, NE 68104
Secured Party Foreign City:	-	Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	00-697-0123
Secured Party Headquarters DUNS:	-		

Original Filing Number:		Full Original Filing	-
	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	Number:	

Filing Number:	99032670600	Full Filing Number:	9903267060-0
Filing Date:	4/1/2003	Expiration Date:	04/01/2008
Filing Time:	1:57PM	Film Number:	•
Total Number of Filing Pages:	-	Page Count:	-
Page Number:		Volume Number:	-
Filing Method:	-	Filing Action:	•
Filing Type:	ORIGINAL	Filing Status:	
Filing Termination:	-	Reference Code:	• · · · · · · · · · · · · · · · · · · ·
Filing Date of Cross Reference Filing:	* It is a second of the second	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters	•		
DUNS:			

Secured Party or Creditor Information

Secured Party Name:	US BANK TRUST N.A. AS CUSTODIAN OR TRUSTEE	Secured Party Address:	180 E FIFTH STREET ST PAUL, MN 55101
Secured Party Foreign City:		Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	06-818-5537
Secured Party	-	THE COLUMN TO SERVICE AND ADDRESS OF THE COLUMN	

Secured Party Name:	DVI STRATEGIC PARTNER GROUP, A DIVISION OF DVI FINANCIAL SERVICES INC.	Secured Party Address:	1751 LAKE COOK ROAD SUITE 650 DEERFIELD, IL 60015
Secured Party Foreign City:	The second section of the section of the second section of the section of t	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	01-618-3381
Secured Party Headquarters DUNS:	15-373-4975	Professional State of the State	

Original Filing Number:	-	Full Original Filing	-
		Number:	No. 4, 1/18/8/8/N/A, A/8 A/N/A 84 A
Filing Number:	99032511844	Full Filing Number:	9903251184-4

Filing Date:	1/2/2003	Expiration Date:	01/02/2008
Filing Time:	4:07PM	Film Number:	A CONTRACTOR OF THE CONTRACTOR
Total Number of Filing Pages:	•	Page Count:	
Page Number:	-	Volume Number:	
Filing Method:	•	Filing Action:	
Filing Type:	ORIGINAL	Filing Status:	
Filing Termination:	-	Reference Code:	
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	The second secon
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	3427 SOUTH 84TH STREET OMAHA, NE 68127
Debtor Foreign City:	-	Debtor Country:	
Debtor FEIN:	-	Debtor Business DUN:	11-869-0221
Debtor Headquarters	06-866-1719	Franchis Assessment	
DUNS:			

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q. STREET OMAHA, NE 68137
Debtor Foreign City:		Debtor Country:	-
Debtor FEIN:	A CONTROL OF THE PARTY OF THE P	Debtor Business DUN:	06-866-1719
Debtor Headquarters	•		
DUNS:	1884		

Secured Party or Creditor Information

Secured Party Name:	AGFA CORP.	Secured Party Address:	200 BALLARDVALE STREET WILMINGTON, MA 01887
Secured Party Foreign City:	-	Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	
Secured Party Headquarters DUNS:	-		

Original Filing Number:		Full Original Filing	-
Original Lang.	ALEX CITALS WAY	Number:	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
Filing Number:	99022436082	Full Filing Number:	9902243608-2
Filing Date:	11/12/2002	Expiration Date:	11/12/2007
Filing Time:	9:02PM	Film Number:	
Total Number of Filing	•	Page Count:	

Pages:			
Page Number:		Volume Number:	
Filing Method:		Filing Action:	
Filing Type:	ORIGINAL	Filing Status:	
Filing Termination:		Reference Code:	-
Filing Date of Cross	-	Cross Reference Filing	-
Reference Filing:	A	Number:	
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	*	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		
DUNS:		Format Market State Stat	

Secured Party or Creditor Information

Secured Party Name:	INVACARE CORPORATION	Secured Party Address:	ONE INVACARE WAY ELYRIA, OH 44035
Secured Party Foreign City:	-	Secured Party Country:	•
Secured Party FEIN:	-	Secured Party Business DUNS:	07-691-6246
Secured Party Headquarters DUNS:	-		

Secured Party Name:	INVACARE CREDIT CORPORATION	Secured Party Address:	ONE INVACARE WAY ELYRIA, OH 44035
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	80-454-6950
Secured Party Headquarters DUNS:	Account of the second of the s		

Original Filing Number:		Full Original Filing Number:	-
Filing Number:	99022274658	Full Filing Number:	9902227465-8
Filing Date:	7/22/2002	Expiration Date:	07/22/2007
Filing Time:	9:26PM	Film Number:	
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	•	Volume Number:	
Filing Method:	-	Filing Action:	
Filing Type:	ORIGINAL	Filing Status:	

Filing Termination:	•	Reference Code:	-
Filing Date of Cross	-	Cross Reference Filing	-
Reference Filing:		Number:	
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF	Filing Office Location:	1301 STATE CAPITOL
	STATE/UCC DIVISION	Will freeze accessory	LINCOLN, NE 68509

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q ST OMAHA, NE 68137
Debtor Foreign City:	_	Debtor Country:	-
Debtor FEIN:	•	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		and the second s
DIINS:		7	

Secured Party or Creditor Information

Secured Party Name:	U.S. BANK N.A.	Secured Party Address:	400 CITY CENTER OSHKOSH, WI 54901
Secured Party Foreign City:	T	Secured Party Country:	-
Secured Party FEIN:	The state of the s	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:			

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99022241623	Full Filing Number:	9902224162-3
Filing Date:	7/1/2002	Expiration Date:	07/01/2007
Filing Time:	9:52PM	Film Number:	-
Total Number of Filing Pages:	•	Page Count:	-
Page Number:	•	Volume Number:	-
Filing Method:	-	Filing Action:	•
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	•	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Name:	KOHLL'S PHARMACY &	Debtor Address:	12741 "Q" STREET
	HOMECARE, INC.		OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	•	Debtor Business DUN:	06-866-1719

Debtor Headquarters	_	
DUNS:		Mental Action

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	P.O. BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	
Secured Party FEIN:	_	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:			

Filing Information

Original Filing Number:	•	Full Original Filing Number:	· · · · · · · · · · · · · · · · · · ·
Filing Number:	99021972493	Full Filing Number:	9902197249-3
Filing Date:	2/22/2002	Expiration Date:	02/22/2007
Filing Time:	9:04PM	Film Number:	
Total Number of Filing Pages:		Page Count:	
Page Number:	-	Volume Number:	
Filing Method:	-	Filing Action:	
Filing Type:	ORIGINAL	Filing Status:	- 0.8100000000000000000000000000000000000
Filing Termination:	-	Reference Code:	
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	**************************************
Debtor FEIN:	_	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		
DUNS:	WANTA AND AND AND AND AND AND AND AND AND AN		

Secured Party Name:	THE HARVARD DRUG GROUP, LLC	Secured Party Address:	31778 ENTERPRISE DRIVE LIVONIA, MI
Secured Party Foreign City:		Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	
Secured Party		· · · · · · · · · · · · · · · · · · ·	

Headquarters DUNS:	

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99021872566	Full Filing Number:	9902187256-6
Filing Date:	1/8/2002	Expiration Date:	
Filing Time:	•	Film Number:	-
Total Number of Filing Pages:	•	Page Count:	-
Page Number:	_	Volume Number:	
Filing Method:	•	Filing Action:	•
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	•	Cross Reference Filing Number:	-
Contract Type:	LEASE	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12727 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		The state of the s
DUNS:			

Secured Party or Creditor Information

Secured Party Name:	US BANCORP	Secured Party Address:	1310 MADRID STREET, SUITE 101 MARSHALL, MN 56258
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	•	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	9901149354	Full Filing Number:	9901149354
Filing Date:	6/14/2001	Expiration Date:	
Filing Time:	-	Film Number:	-
Total Number of Filing	-	Page Count:	-
Pages:	Garage (PO Asia)	No. of the Control of	- 1-10-10-10-10-10-10-10-10-10-10-10-10-10

Page Number:	-	Volume Number:	-
Filing Method:		Filing Action:	-
Filing Type:	ASSIGNMENT	Filing Status:	-
Filing Termination:	•	Reference Code:	-
Filing Date of Cross Reference Filing:	02/18/1998	Cross Reference Filing Number:	9998759859
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITAL BLD LINCOLN, NE 68509

Debtor Name:	PHARMACY CORPORATION OF AMERICA	Debtor Address:	12737 Q STREET OMAHA, NE 68137
Debtor Foreign City:	_	Debtor Country:	-
Debtor FEIN:	_	Debtor Business DUN:	83-854-5515
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	DVI CAPITAL COMPANY	Secured Party Address:	6611 ROCKSIDE ROAD, STE. 110 INDEPENDENCE, OH 44131
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	84-876-6622
Secured Party Headquarters DUNS:	15-373-4975		

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	9901145302	Full Filing Number:	9901145302
Filing Date:	5/30/2001	Expiration Date:	
Filing Time:	-	Film Number:	
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	
Filing Method:		Filing Action:	
Filing Type:	ORIGINAL	Filing Status:	
Filing Termination:	-	Reference Code:	_
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITAL BLD

	I DICCLALATE COECO
	LINCOLN, NE 68509
	EliteOlit, NE 00303

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 "Q" ST. OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	•	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-	THE PARTY AND A STATE OF THE PARTY AND A STATE	
DUNS:		ON THE PROPERTY OF THE PROPERT	

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	PO BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	
Secured Party Headquarters DUNS:			residentes à la minima con hacid, ambient à consent de la consent de la consent de la consent de la consent de

Filing Information

Original Filing Number:	-	Full Original Filing Number:	•
Filing Number:	9901118693	Full Filing Number:	9901118693
Filing Date:	2/21/2001	Expiration Date:	300 March 40 March 10
Filing Time:		Film Number:	
Total Number of Filing Pages:	-	Page Count:	and the second s
Page Number:	-	Volume Number:	-
Filing Method:		Filing Action:	
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:	•	Reference Code:	
Filing Date of Cross Reference Filing:	03/17/1999	Cross Reference Filing Number:	9999800180
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITAL BLD LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	_	Debtor Business DUN:	06-866-1719
Debtor Headquarters	•	VALUE AND	
DUNS:	No Ad anal		

Secured Party Name:	U.S. BANK NATIONAL ASSOCIATION	Secured Party Address:	1700 FARNAM STREET OMAHA, NE 68102
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	•	- A - A - A - A - A - A - A - A - A - A	

Original Filing Number:	•	Full Original Filing Number:	
Filing Number:	9900078515	Full Filing Number:	9900078515
Filing Date:	8/25/2000	Expiration Date:	
Filing Time:	-	Film Number:	
Total Number of Filing Pages:	-	Page Count:	•
Page Number:	-	Volume Number:	-
Filing Method:		Filing Action:	
Filing Type:	AMENDMENT	Filing Status:	
Filing Termination:	-	Reference Code:	
Filing Date of Cross Reference Filing:	11/05/1999	Cross Reference Filing Number:	9999905149
Contract Type:	_	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITAL BLD LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	
Debtor FEIN:	•	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		
DUNS:			

Secured Party or Creditor Information

Secured Party Name:	U.S. BANK NATIONAL ASSOCIATION	Secured Party Address:	1700 AND FARNAM STREET OMAHA, NE 68102
Secured Party Foreign City:	-	Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Original Filing Number:	-	Full Original Filing Number:	
Filing Number:	9900023774	Full Filing Number:	9900023774
Filing Date:	2/10/2000	Expiration Date:	-
Filing Time:	-	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	•	Volume Number:	•
Filing Method:	4 TO THE TOTAL PROPERTY OF THE TOTAL PROPERT	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITAL BLD LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC	Debtor Address:	12741 Q. ST MILLARD, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	_	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		
DUNS:	The second secon		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	P.O. BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	•
Secured Party FEIN:	•	Secured Party Business DUNS:	The state of the s
Secured Party Headquarters DUNS:	-		and the second s

Filing Information

Original Filing Number:	-	Full Original Filing Number:	•
Filing Number:	9900023787	Full Filing Number:	9900023787
Filing Date:	2/10/2000	Expiration Date:	-
Filing Time:	_	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	•	Filing Action:	•
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross	-	Cross Reference Filing	-

Reference Filing:		Number:	
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF	Filing Office Location:	1301 STATE CAPITAL
	STATE/UCC DIVISION)	BLD
		***************************************	LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY &	Debtor Address:	12741 Q. ST
	HOMECARE, INC		MILLARD, NE 68137
Debtor Foreign City:	-	Debtor Country:	
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-	Ween-Audit Strategy of	
DUNS:		The state of the s	

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	P.O. BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party	-		
Headquarters DUNS:			

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	9900006291	Full Filing Number:	9900006291
Filing Date:	1/3/2000	Expiration Date:	
Filing Time:	-	Film Number:	
Total Number of Filing Pages:	-	Page Count:	
Page Number:		Volume Number:	A 03330000 O 10000000 O 10000000 O 10000000 O 1000000 O 10000000 O 1000000 O 100000 O 100000 O 100000 O 100000
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	
Filing Termination:	_	Reference Code:	
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITAL BLD LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC	Debtor Address:	12741 Q. ST MILLARD, NE 68137
Debtor Foreign City:	•	Debtor Country:	
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719

Debtor Headquarters	-	
DUNS:	TOTAL	

Secured Party or Creditor Information

Secured Party Name:	VGM LEASING, INC.	Secured Party Address:	P.O. BOX 1620
	V-19-Y-10-Y-19-Y-19-Y-19-Y-19-Y-19-Y-19-Y		WATERLOO, IA 50704
Secured Party Foreign	The state of the s	Secured Party Country:	Overall Control of the Control of th
City:			
Secured Party FEIN:	•	Secured Party Business	55-660-5806
		DUNS:	
Secured Party	Contraction of the Contracti		
Headquarters DUNS:	707	nameno	

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	9999905149	Full Filing Number:	9999905149
Filing Date:	11/5/1999	Expiration Date:	•
Filing Time:		Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	•	Reference Code:	-
Filing Date of Cross Reference Filing:		Cross Reference Filing Number:	•
Contract Type:		Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITAL BLD LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY AND HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters	-		
DUNS:	Market Property and	Party Canada	

Secured Party or Creditor Information

Secured Party Name:	U.S. BANK NATIONAL ASSOCIATION	Secured Party Address:	1700 FARNAM STREET OMAHA, NE 68102
Secured Party Foreign City:	*	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business	-
Secured Party	-	DUNS:	40 A A A A A A A A A A A A A A A A A A A

Headquarters DUNS:	

Liens & Judgments(2 Records)

Filing Type: SMALL CLAIMS JUDGMENT RELEASE | Filing Date: 2/27/1996

Filing Information

Filing Number:	9600357	Hidden Filing Number:	
Original Filing Number:	-	Certificate Number:	
Volume Number:	-	Page Number:	### TOTAL PROPERTY OF THE PROP
Original Book:	-	Original Page:	
IRS Serial Number:		Filing Type:	SMALL CLAIMS JUDGMENT RELEASE
Action Type:	SMALL CLAIMS JUDGMENT	Unlawful Detainer:	
Filing Date:	2/27/1996	Release Date:	8/1/1996
Filing Office:	DOUGLAS COUNTY COURT	Court ID:	NEDOUL1
Venue:	1819 FARNAM 2ND FLOOR OMAHA, NE 68183	County:	DOUGLAS

Debtor Information

			Commence of the control of the contr
Debtor:	KOHLLS PHARMACY	Debtor Type:	BUSINESS
Address:	12741 Q ST		To a constant of the constant
	OMAHA, NE 68137		99
Debtor Amount:	\$1,561.00	V (1)	

Creditor Information

p-1000	AND	
Cuaditant	CENTRAL WASTE SYSTEM	
Creditor:	CENTRAL WASTED TOTAL	

Filing Type: SMALL CLAIMS JUDGMENT | Filing Date: 2/27/1996

Filing Information

Filing Number:	9600357	Hidden Filing Number:	
Original Filing Number:	-	Certificate Number:	The state of the s
Volume Number:	-	Page Number:	
Original Book:		Original Page:	A STEEL OF THE PARTY OF T
IRS Serial Number:	-	Filing Type:	SMALL CLAIMS JUDGMENT
Action Type:	SMALL CLAIMS JUDGMENT	Unlawful Detainer:	
Filing Date:	2/27/1996	Release Date:	
Filing Office:	DOUGLAS COUNTY COURT	Court ID:	NEDOUL1

Venue:	1819 FARNAM 2ND	County:	DOUGLAS
	FLOOR		PERSONAL A PRES
	OMAHA, NE 68183		AND A COMMISSION OF THE PROPERTY

Debtor Information

Debtor:	KOHLLS PHARMACY	Debtor Type:	BUSINESS
Address:	12741 Q ST		A CONTRACTOR OF THE CONTRACTOR
	OMAHA, NE 68137		TOWN WE THE
Debtor Amount:	\$1,561.00		

Creditor Information

		į
Creditor:	CENTRAL WASTE SYSTEM	- Children

Professional Licenses (7 Records)

Name & Professional Information

Name:	KOHLL, DAVID	Alias:	-
Maiden:	•	Trade:	-
Professional Title:	_	Attorney Title:	
Birthplace:	_	State of Birth:	-
Address Type:	-		
County:	OUT OF STATE	Country:	-
Practice County:		Professional Country:	•
Location:		Region:	
Toll Free Phone:	•		
Fax:	_		
Website:	-		

Employer Information

Employer:	-	Employer DBA:	
Employer Address:	107 S 128TH PLZ OMAHA, NE 68154	Employer County:	-
Employer Phone:		THE RESERVE AND THE PROPERTY AND THE PRO	on and the second s
Employer License Type:			
Employer License Number:	-		
Employment Status:	•	Employment Status Details:	-
Employment Position Type:	•	Employment Field:	-
Employer Mailing District:	-	Employer Fax:	-
Date Hired:	-	Date Released:	-
Organization:			

Supervisor Id:	-	Supervisor Name:	_
Supervisor License Type:	-		
Supervisor License	•		October 1990
Number:			

Licensing Informati	ion				
Licensing Agency:	FL DEPARTMENT OF H	FL DEPARTMENT OF HEALTH			
Licensing/Certification	PHARMACY AFFILIATE				
Туре:					
Licensing Number:	PHAF	PHAF			
Board Certification:	-	nageroon aggreen aggreen aggreen an Arton More de lands de Arton Made de Salado (1882 - 1882 - 1882 - 1882 - 1	KONYONIANYONANINYONANINYONANINYONANINYONANINYONANINYONANINYONANINYONANINYONANINYONANINYONANI		
Certification Board:	-	NAMES OF THE PROPERTY OF THE P			
License Issue Date:	11/7/2014				
Expiration Date:	-				
License Status:	CLEAR	<u> </u>			
Prerequisite Lic. Type:	•	**************************************			
Specialty:			444		
Other Specialty:	-	Certified Specialty:	-		
Primary Specialty:	_	Secondary Specialty:			
Special Privilege:	The second control of the second of the seco	Area of Practice:			
Alternate License	WAAAAAAA	Other License Number:	-		
Number:					
License Id:	-	Prerequisite Lic. Number:	-		
Temp. License Number:	•	Board Certified:	-		
Board Cert. In Primary:	-	Board Cert. In	-		
**************************************		Secondary:			
Temp. License Issue Date:	-	Temp. License Expire	-		
		Date:	The second secon		
License Active:	-	Status Effective Date:	-		
License Transaction Date:	-	Revoked Date:			
Reinstated Date:	-	Renewal Date:	-		
Renewal Period:	-	License Sanctioned Date:			
First License Date:	**************************************	Req. To Be Inactive Date:			
Date License Updated:		го бабага 1985-ба ба байда 1988 ун мангуучун ширүүүчин үрүүүн ацуур о омын мого обо осо обо осо обо осо обо ос	and and an analysis of the state of the stat		
License Class:	-	Market Control of the			
Class Status:		Class Description:	-		
License State:	FL	State of Original License:	**************************************		
Other State Licensed In:	1	Primary Practice State:			
Secondary Practice State:	-	Third Practice State:	### PART PART		
Instate License:		Out of State License:			
License Description:	_	Conditional License:			
License Disciplined:	-	License Restriction:			
Lic. Subject to	-	Board Action Indicator:	-		
Proceeding:			A CONTRACTOR OF THE PROPERTY O		
Board Actions:	-	Board Action Case			
The state of the s	A STREET OF THE	Number:	Part 2 - Par		
Board Action Effective	•	How Licensed:	-		
Date:	Mod Mad Assessment (Assessment of the Section of th		40-44-45-45-45-45-45-45-45-45-45-45-45-45-		
License Exam Type:	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	Provider Type:			
Year Licensed:		Basis Of Licensure:			
Method Of Licensure:		Additional License Info:	A A A A A A A A A A A A A A A A A A A		

Name:	KOHLL, JUSTIN	Alias:	-
Maiden:	-	Trade:	-
Professional Title:	-	Attorney Title:	-
Birthplace:		State of Birth:	-
Address Type:			
County:	OUT OF STATE	Country:	-
Practice County:	-	Professional Country:	-
Location:	-	Region:	•
Toll Free Phone:	-	**************************************	
Fax:	•		
Website:	-		

Employer Information

Employer:	•	Employer DBA:	-
Employer Address:	16705 ONTARIO PLZ OMAHA, NE 68154	Employer County:	-
Employer Phone:	•		
Employer License Type:			
Employer License Number:	-		
Employment Status:	-	Employment Status Details:	-
Employment Position Type:	-	Employment Field:	-
Employer Mailing District:	-	Employer Fax:	-
Date Hired:	_	Date Released:	-
Organization:	_		
Supervisor Id:		Supervisor Name:	
Supervisor License Type:	The state of the s		770 - 770 -
Supervisor License Number:	-		

Licensing Agency:	FL DEPARTMENT OF HEALTH				
Licensing/Certification	PHARMACY AFFI	PHARMACY AFFILIATE			
Type:			LPT-7300135377AVAXIS6*YAXIANI994A-blod*		
Licensing Number:	PHAF				
Board Certification:	-				
Certification Board:	-				
License Issue Date:	11/7/2014				
Expiration Date:	_		WALLESTON AND A SECOND ASSECTION ASSECT		
License Status:	CLEAR	n, characteristic control of the con	CALADONIA A SALICA A Madeira CAMA		
Prerequisite Lic. Type:	-		110.00011111111111111111111111111111111		
Specialty:	-				
Other Specialty:	-	Certified Specialty:	-		
Primary Specialty:		Secondary Specialty:			
Special Privilege:	-	Area of Practice:	-		

Alternate License		Other License Number:	
Number:			
License Id:	_	Prerequisite Lic. Number:	
Temp. License Number:	_	Board Certified:	-
Board Cert. In Primary:		Board Cert. In Secondary:	-
Temp. License Issue Date:	- Company of the Comp	Temp. License Expire Date:	-
License Active:	•	Status Effective Date:	**************************************
License Transaction Date:	-	Revoked Date:	•
Reinstated Date:	-	Renewal Date:	-
Renewal Period:	-	License Sanctioned Date:	-
First License Date:	-	Req. To Be Inactive Date:	-
Date License Updated:	•		
License Class:	-		
Class Status:	-	Class Description:	-
License State:	FL	State of Original License:	•
Other State Licensed In:		Primary Practice State:	-
Secondary Practice State:	-	Third Practice State:	-
Instate License:	-	Out of State License:	•
License Description:	-	Conditional License:	
License Disciplined:		License Restriction:	-
Lic. Subject to Proceeding:		Board Action Indicator:	-
Board Actions:	-	Board Action Case Number:	-
Board Action Effective Date:	-	How Licensed:	
License Exam Type:	-	Provider Type:	
Year Licensed:	-	Basis Of Licensure:	TO THE PARTY OF TH
Method Of Licensure:	-	Additional License Info:	

Name:	KOHLL, MARVIN S	Alias:	-
Maiden:	-	Trade:	-
Professional Title:	•	Attorney Title:	+
Birthplace:	-	State of Birth:	-
Address Type:	_		
County:	-	Country:	-
Practice County:	_	Professional Country:	UNITED STATES
Location:	-	Region:	-
Toll Free Phone:	-		
Fax:	-		The second secon
Website:	-		90000000000000000000000000000000000000

Employer Information

Employer:	•	Employer DBA:	DOUTILISAN VICTORIES L. M. A.M. of the congression of the desire to the congression of th
Employer Address:	•	Employer County:	-
Employer Phone:	-		

Employer License Type:	•		and the second s
Employer License Number:			
Employment Status:		Employment Status Details:	
Employment Position Type:	-	Employment Field:	-
Employer Mailing District:	-	Employer Fax:	•
Date Hired:	•	Date Released:	
Organization:	PERSON		
Supervisor Id:	-	Supervisor Name:	
Supervisor License Type:	-		
Supervisor License Number:	-		

Licensing/Certification Fype: Tope: Tope:	Licensing Information	y II		A A A Marine of the Control of the C			
Type: Licensing Number: 7027 Board Certification: - Certification Board: - License Issue Date: 7/1/1952 Expiration Date: - License Status: - Prerequisite Lic. Type: - Specialty: PHARMACY Other Specialty: - Specialty: Secondary Specialty: - Special Privilege: - Area of Practice: - Alternate License Number: - Number: - License Id: - Temp. License Number: - Board Cert. In Primary: - Board Cert. In Primary: - Secondary: Temp. License Expire - Date: License Active: - License Active: - Reinstated Date: - Renewal Date: - Renewal Period: - Renewal Period: - Board Cert. Required Date: - Renewal Period: - License Date: - Req. To Be Inactive Date: - Date License Updated: - License Class: - Class Description: - License Status: - Class Description: - License State: NE Other State License: - Class Description: - State of Original License: -	Licensing Agency:	NE HEALTH AND HUMAN SERVICES					
Licensing Number: 7027 Board Certification: - Certification Board: - License Issue Date: 7/1/1952 Expiration Date: - License Status: - Prerequisite Lic. Type: - Specialty: PHARMACY Other Specialty: - Certified Specialty: - Specialty: - Specialty: - Specialty: - Primary Specialty: - Special Privilege: - Alternate License - Number: - License Id: - Temp. License Number: - Board Cert. In Primary: - Board Cert. In Primary: - Board Cert. In Secondary: - Temp. License Issue Date: - License Active: - License Active: - License Transaction Date: - Reinstated Date: - Reinstated Date: - Renewal Period: - Renewal Period: - License Date: - Renewal Period: - Renewal Period: - Renewal Period: - Renewal Date: - Renewal Dat	Licensing/Certification	PHARMACIST					
Board Certification: Certification Board: -	Туре:	800-X-7.5.5.7.7.7000 (20.00 p. 0.00 p.					
Certification Board: License Issue Date: 7/1/1952 Expiration Date: - License Status: - Prerequisite Lic. Type: Specialty: Other Specialty: - Primary Specialty: - Special Privilege: - Alternate License - Number: License Id: - Temp. License Number: Board Cert. In Primary: - Board Cert. In Primary: - Board Cert. In Primary: - Board Cert. In Secondary: - Temp. License Issue Date: - License Active: - License Active: - License Transaction Date: - Reinstated Date: - Reinstated Date: - Reinstated Date: - Renewal Period: - Renewal Period: - Class Date: License Class: - Class Status: - License State: - Class Description: - Class Description: - Primary Practice State: - Class State: - Class State: - Class Description: - Primary Practice State: - Class State: - Class Description: - Class State: - Class State: - Class Primary Practice State: - Class State: - Class Primary Practice State: - Cother State Licensed In: - Cother State License Issue: - Cother State Licensed In:	Licensing Number:	7027					
License Issue Date: 7/1/1952 Expiration Date:	Board Certification:						
Expiration Date: License Status:	Certification Board:		WOOD OF THE PROPERTY OF THE PR				
License Status: Prerequisite Lic. Type: Specialty: PHARMACY Other Specialty: - Certified Specialty: - Secondary Specialty: - Secondary Specialty: - Area of Practice: - Area of Practice: - Other License Number: License Id: - Prerequisite Lic. Number: - Board Cert. In Primary: - Board Cert. In Secondary: Temp. License Issue Date: - Temp. License Expire - Date: License Active: - Status Effective Date: - Reinstated Date: - Renewal Date: - Renewal Date: - Renewal Period: - Req. To Be Inactive Date: - License Class: - Class Description: License State: NE Other State License: - Class Description: - Primary Practice State: - Primary Prac	License Issue Date:	7/1/1952		MANAGEM MANAGEM AND			
Prerequisite Lic. Type: Specialty: PHARMACY Other Specialty: Secondary Specialty: Secondary: Secondary: Secondary: Temp. License Number: Secondary: Temp. License Issue Date: Secondary: Temp. License Expire Date: License Active: License Active: Status Effective Date: Renewal Date: Renewal Period: Renewal Period: Secondary: Status Effective Date: Renewal Period: Renewal Period: Secondary: Class Sanctioned Date: Renewal Period: Class Description: License Class: Class Description: License State: NE State of Original License: Primary Practice State: Secondary: Capacity Secondary: Class State: Secondary: Class Period: Secondary: Class Description: Secondary: Class Description: Secondary: Class Description: Secondary: Class Description: Secondary: S	Expiration Date:	### ### ##############################	**************************************	**************************************			
Specialty: PHARMACY Other Specialty: - Certified Specialty: - Primary Specialty: - Secondary Specialty: - Special Privilege: - Area of Practice: - Alternate License - Other License Number: - Number: License Id: - Prerequisite Lic. Number: - Temp. License Number: - Board Cert. In Secondary: Temp. License Issue Date: - Temp. License Expire Date: - License Active: - Status Effective Date: - License Transaction Date: - Revoked Date: - Reinstated Date: - Renewal Date: - Renewal Period: - Renewal Date: - Renewal Period: - Reg. To Be Inactive Date: - Date License Updated: - License Class: - Class Status: - Class Description: - License State: NE State of Original License: - Other State Licensed In: - Primary Practice State: -	License Status:	**************************************	AND THE PROPERTY OF THE PROPER				
Other Specialty: Primary Specialty: Secondary Specialty: Secondary: Secondary: Secondary: Secondary: Secondary: Secondary: Secondary: Temp. License Issue Date: Secondary: Sec	Prerequisite Lic. Type:		200799999999999999999999999999999999999				
Primary Specialty: - Secondary Specialty: - Special Privilege: - Area of Practice: - Alternate License - Other License Number: - State License Id: - Prerequisite Lic. Number: - Status Effective Date: - Status Effective Date: - Renewal Date: - Req. To Be Inactive Date: - Status: - Class Status: - Class Status: - Class State: NE State License: - Class Date: - Class Class Class Clate: - Class Class Clate: - Class Class Clate: - Class Class Clate: - Clate Clate: - Class Clate: - Class Clate: - Clate	Specialty:	PHARMACY	\$				
Special Privilege: Alternate License Alternate License Number: License Id:	Other Specialty:		Certified Specialty:				
Alternate License Number: License Id:	Primary Specialty:		Secondary Specialty:				
Number: License Id:	Special Privilege:		Area of Practice:				
License Id: Temp. License Number: Board Cert. In Primary: Board Cert. In Primary: Board Cert. In Secondary: Temp. License Issue Date: Temp. License Expire Date: License Active: License Active: Reinstated Date: Renewal Period: Board Cert. In Secondary: Temp. License Expire Date: License Sanction Date: Req. To Be Inactive Date: License Updated: License Updated: License Class: Class Status: Class Status: NE State of Original License: Cother State Licensed In: Primary Practice State: Class Case: Crass State: Crass Primary Practice State: Crass Case: Crass Primary Practice State: Crass Case: Crass Case	Alternate License	-	Other License Number:	-			
Temp. License Number: Board Cert. In Primary: Board Cert. In Secondary: Temp. License Issue Date: License Active: License Active: License Transaction Date: Revoked Date: Renewal Date: Renewal Period: First License Updated: License Updated: License Class: Class Status: Class Status: NE Status Effective Date: Revoked Date: Renewal Date: Renewal Date: Req. To Be Inactive Date: Class Description: License State: NE State of Original License: Primary Practice State:	Number:			opposition de Auto-Auto-Auto-Auto-Auto-Auto-Auto-Auto-			
Board Cert. In Primary:	License Id:	MANUAL SCHOOL STATE OF THE STAT		programment in a state of the s			
Secondary: Temp. License Issue Date: License Active: License Transaction Date: Revoked Date: Renewal Date: Renewal Period: First License Date: Date License Updated: License Class: Class Status: Class Status: NE Status Effective Date: Revoked Date: Revoked Date: Renewal Date: Renewal Date: Renewal Date: Req. To Be Inactive Date: Class Description: State of Original License: Primary Practice State:	Temp. License Number:	-					
Temp. License Issue Date: License Active: License Transaction Date: License Transaction Date: Revoked Date: Revoked Date: Renewal Date: License Sanctioned Date: First License Date: Date License Updated: License Class: Class Status: Class Status: NE State of Original License: Primary Practice State: Class State: Chase Class: Primary Practice State: Class Date:	Board Cert. In Primary:	-		-			
License Active: License Transaction Date: License Transaction Date: Reinstated Date: Reinstated Date: Renewal Period: First License Date: Date License Updated: License Class: Class Status: License State: NE Status Effective Date: Revoked Date: - Renewal Date: - Renewal Date: - Renewal Date: - Req. To Be Inactive Date: - Class Description: - License State: NE State of Original License: - Other State Licensed In: - Primary Practice State:	T	A CONTRACTOR OF THE CONTRACTOR		William William Control of the Contr			
License Transaction Date: - Revoked Date: - Reinstated Date: - Renewal Date: - License Sanctioned Date: - License Sanctioned Date: - Primary Practice State: - Class Date: - Primary Practice State: - P	Temp. License Issue Date.						
Reinstated Date: Renewal Period: - License Sanctioned Date: First License Date: Date License Updated: License Class: Class Status: - Class Description: License State: NE State of Original License: Primary Practice State: - Primary Practice State:	License Active:		Status Effective Date:				
Renewal Period: First License Date: Date License Updated: License Class: Class Status: License State: NE State of Original License: Primary Practice State: - License Class: Primary Practice State: - License State: Class Description: Primary Practice State: - - - - - - - - - - - - -	License Transaction Date:	-	Revoked Date:				
First License Date: Date License Updated: License Class: Class Status: NE State of Original License: Other State Licensed In: Primary Practice State:	Reinstated Date:	•	Renewal Date:				
Date License Updated: License Class: Class Status: - Class Description: License State: NE State of Original License: Other State Licensed In: - Primary Practice State:	Renewal Period:	•	License Sanctioned Date:				
License Class: Class Status: - Class Description: License State: NE State of Original License: Other State Licensed In: Primary Practice State:	First License Date:	-	- Req. To Be Inactive Date: -				
Class Status: License State: NE State of Original License: Other State Licensed In: Primary Practice State:	Date License Updated:	-					
License State: NE State of Original License: - Other State Licensed In: - Primary Practice State: -	License Class:	-	NO STREET OF THE				
Other State Licensed In: - Primary Practice State: -	Class Status:	-	Class Description:				
	License State:	NE	State of Original License:	- A CONTROL OF THE PROPERTY OF			
Secondary Practice State: - Third Practice State: -	Other State Licensed In:	_	Primary Practice State:	The state of the s			
	Secondary Practice State:		Third Practice State:				
Instate License: - Out of State License: -	Instate License:	-	Out of State License:				

License Description:	-	Conditional License:	
License Disciplined:	-	License Restriction:	
Lic. Subject to Proceeding:	•	Board Action Indicator:	
Board Actions:	Management And Association	Board Action Case Number:	-
Board Action Effective Date:	-	How Licensed:	
License Exam Type:	-	Provider Type:	
Year Licensed:	-	Basis Of Licensure:	
Method Of Licensure:	-	Additional License Info:	

Name:	KOHLL, MARVIN S	Alias:	
Maiden:		Trade:	-
Professional Title:		Attorney Title:	
Birthplace:	-	State of Birth:	
Address Type:	•		
County:	-	Country:	
Practice County:		Professional Country:	UNITED STATES
Location:	-	Region:	-
Toll Free Phone:	-		
Fax:	-		
Website:	_		

Employer Information

Employer:	_	Employer DBA:	
Employer Address:	_	Employer County:	
Employer Phone:	_		The second secon
Employer License Type:		and the second s	
Employer License Number:	-		
Employment Status:	-	Employment Status Details:	-
Employment Position Type:	-	Employment Field:	-
Employer Mailing District:	-	Employer Fax:	-
Date Hired:	-	Date Released:	
Organization:	PERSON		announce on page to the contract of the contra
Supervisor Id:	-	Supervisor Name:	
Supervisor License Type:	-	######################################	ssammen n communitation (School Commence management of the commence of the com
Supervisor License Number:	-		

Licensing Agency:	NE HEALTH AND HUMAN SERVICES	
Licensing/Certification	CERTIFIED PRECEPTOR	-

Type:			
Licensing Number:	7027		
Board Certification:			
Certification Board:			
License Issue Date:	7/1/1952	99999 ta minora en	
Expiration Date:	-	100 c c c c c c c c c c c c c c c c c c	000 mm.duu u mulau 07/10/10/10/10/10/10/10/10/10/10/10/10/10/
License Status:		your million to the form of the control of the cont	ACCORDANGE AND THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTR
Prerequisite Lic. Type:			MACHINE MANAGEMENT OF THE PROPERTY OF THE PROP
Specialty:	PHARMACY		
Other Specialty:		Certified Specialty:	
Primary Specialty:		Secondary Specialty:	
Special Privilege:		Area of Practice:	
Alternate License	-	Other License Number:	-
Number:			CONTRACTOR OF THE CONTRACTOR O
License Id:		Prerequisite Lic. Number:	
Temp. License Number:		Board Certified:	
Board Cert. In Primary:	•	Board Cert. In Secondary:	
Temp. License Issue Date:		Temp. License Expire Date:	•
License Active:		Status Effective Date:	-
License Transaction Date:	AND THE PROPERTY OF THE PROPER	Revoked Date:	-
Reinstated Date:	-	Renewal Date:	•
Renewal Period:	-	License Sanctioned Date:	-
First License Date:		Req. To Be Inactive Date:	-
Date License Updated:	-	Control of the second s	
License Class:		1920 Marie Carlo Car	
Class Status:		Class Description:	-
License State:	NE	State of Original License:	-
Other State Licensed In:		Primary Practice State:	-
Secondary Practice State:		Third Practice State:	-
Instate License:		Out of State License:	-
License Description:	Address (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974)	Conditional License:	-
License Disciplined:	-	License Restriction:	-
Lic. Subject to	-	Board Action Indicator:	•
Proceeding:			
Board Actions:	-	Board Action Case Number:	-
Board Action Effective		How Licensed:	
Date:	—	ALOW ELECTIONS	MACA CLARY WAY WAY
License Exam Type:		Provider Type:	
Year Licensed:	THE RESERVE OF THE PROPERTY OF	Basis Of Licensure:	
Method Of Licensure:		Additional License Info:	
METHOR OF PREHISTLE.		3 - Lawrence - Lawrenc	

		granitation of the second of t	
Name:	KOHLL, DAVID	Alias:	
	GEOFFREY		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
Maiden:	-	Trade:	
Professional Title:	-	Attorney Title:	
Birthplace:	-	State of Birth:	

Address Type:	-			
County:	DOUGLAS	Country:	_	
Practice County:	-	Professional Cou	untry: -	an well-seasons
Location:	-	Region:	-	Treeba recogni
Toll Free Phone:	•			W. C.
Fax:	-	0.00 m.m.m. 1.00 m.m. 1.00 m.m		
Website:	-	CAZZIIII CA AN SELAMAN III magaa dharan ah an		arraneous d'

Employer Information

Employer:	<u> </u> -	Employer DBA:	
Employer Address:	-	Employer County:	
Employer Phone:	-	TAXABOR TAXABO	
Employer License Type:	-		
Employer License Number:	- THE LITTLE AND ADDRESS AND A		
Employment Status:	-	Employment Status Details:	-
Employment Position Type:		Employment Field:	PHARMACY
Employer Mailing District:	Month remotives	Employer Fax:	-
Date Hired:	-	Date Released:	-
Organization:	PERSON		
Supervisor Id:	en de la companya de	Supervisor Name:	•
Supervisor License Type:	-		V V V V V V V V V V V V V V V V V V V
Supervisor License Number:	-		

Licensing Agency:	NE HEALTH AND HUMAN SERVICES				
Licensing/Certification Type:	PHARMACIST	PHARMACIST			
Licensing Number:	10071				
Board Certification:	•				
Certification Board:	-				
License Issue Date:	3/5/1987				
Expiration Date:	1/1/2014				
License Status:	-				
Prerequisite Lic. Type:	-				
Specialty:	-				
Other Specialty:	-	Certified Specialty:	-		
Primary Specialty:	_	Secondary Specialty:	-		
Special Privilege:	-	Area of Practice:	-		
Alternate License	# ·	Other License Number:	The control of the co		
Number:	20.000000000000000000000000000000000000				
License Id:	-	Prerequisite Lic. Number:	-		
Temp. License Number:	_	Board Certified:	-		
Board Cert. In Primary:		Board Cert. In Secondary:	THE CONTRACT AND ADDRESS OF TH		
Temp. License Issue Date:		Temp. License Expire	-		

		Date:	
License Active:		Status Effective Date:	-
License Transaction Date:	-	Revoked Date:	
Reinstated Date:	-	Renewal Date:	
Renewal Period:	-	License Sanctioned Date:	-
First License Date:	-	Req. To Be Inactive Date:	•
Date License Updated:	-		A Company of the Comp
License Class:	-		
Class Status:	•	Class Description:	-
License State:	NE	State of Original License:	
Other State Licensed In:	-	Primary Practice State:	-
Secondary Practice State:	-	Third Practice State:	- Control of the Cont
Instate License:		Out of State License:	_
License Description:		Conditional License:	
License Disciplined:	-	License Restriction:	-
Lic. Subject to	-	Board Action Indicator:	-
Proceeding:		A. L. a. and and a second and a	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Board Actions:	-	Board Action Case	-
		Number:	
Board Action Effective Date:		How Licensed:	
License Exam Type:		Provider Type:	
Year Licensed:		Basis Of Licensure:	S. Control of the Con
Method Of Licensure:		Additional License Info:	

Name:	KOHLL, JUSTIN MITCHELL	Alias:	-	
Maiden:	-	Trade:	-	
Professional Title:		Attorney Title:	-	
Birthplace:	-	State of Birth:	-	
Address Type:	_	-		
County:	DOUGLAS	Country:	-	
Practice County:	-	Professional Country:	-	
Location:	-	Region:	-	
Toll Free Phone:	-			
Fax:	-			
Website:	•		Property Committee Committ	

Employer Information

Employer:		Employer DBA:	•
Employer Address:	_	Employer County:	-
Employer Phone:	_		
Employer License Type:	_		
Employer License Number:	-		
Employment Status:	-	Employment Status Details:	-
Employment Position	-	Employment Field:	PHARMACY

Туре:				
Employer Mailing District:	-	Employer Fax:	-	
Date Hired:		Date Released:		
Organization:	PERSON	PERSON		
Supervisor Id:		Supervisor Name:	-	
Supervisor License Type:	•			
Supervisor License	·		7	
Number:	TO THE STATE OF TH		**************************************	

Historical Information

Information Changed	2/21/2008	Previous Employer:	-	
Date:				
Previous County:	DOUGLAS			
Previous Country:	-	Previous Phone:		

Electioning Through			
Licensing Agency:	NE HEALTH AND HUMAN SERVICES		
Licensing/Certification	PHARMACIST		
Type:			
Licensing Number:	9845		
Board Certification:	-		
Certification Board:	•		
License Issue Date:	2/22/1985		
Expiration Date:	1/1/2014		
License Status:	-		
Prerequisite Lic. Type:	•		
Specialty:	-		
Other Specialty:	-	Certified Specialty:	-
Primary Specialty:	-	Secondary Specialty:	-
Special Privilege:	-	Area of Practice:	-
Alternate License	•	Other License Number:	-
Number:		998828 97 \$10000 at the second	
License Id:	• VIIII (ALCONOMIC MONTANTO LA PROPERTICA DE LA PROPERTICA DEL PROPERTICA DE LA PORTICA DE LA PROPERTICA DE LA PROPERTICA DE LA PROPERTICA DE LA PROPERTICA DE LA PORTICA DEL PROPERTICA DE LA PORTICA DE LA PORTI	Prerequisite Lic. Number:	
Temp. License Number:		Board Certified:	•
Board Cert. In Primary:	■	Board Cert. In	-
A		Secondary:	
Temp. License Issue Date:	■	Temp. License Expire	-
THE RESIDENCE OF THE PROPERTY		Date:	
License Active:	•	Status Effective Date:	
License Transaction Date:		Revoked Date:	-
Reinstated Date:		Renewal Date:	
Renewal Period:		License Sanctioned Date:	
First License Date:		Req. To Be Inactive Date:	-
Date License Updated:	•		
License Class:			To A. C. J. T.
Class Status:	-	Class Description:	
License State:	NE	State of Original License:	TOTAL SALES AND A CONTROL OF THE PROPERTY OF T
Other State Licensed In:	-	Primary Practice State:	
Secondary Practice State:	-	Third Practice State:	